

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/019,086
Applicant : Paul Zientek et al.
Filed : April 9, 2002
Title : Method of Producing a Diffractive Structure in Security Documents

TC/A.U. : 1756
Examiner : Martin J. Angebrannt

Docket No. : 322-00066



INFORMATION DISCLOSURE STATEMENT

Milwaukee, Wisconsin 53202
February 23, 2006

Commissioner for Patents
Mail Stop - Fee
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

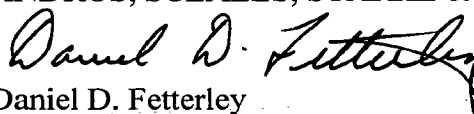
Applicant notes the references listed on the attached "Information Disclosure Statement by Applicant" PTO Form 1449. Copies of articles and/or non-U.S. patent documents are enclosed.

The Information Disclosure Statement is also accompanied by a check in the amount \$180.00 as required by 37 C.F.R. §1.97(c) and 1.17(p). The Commissioner is hereby authorized to charge any additional fees in this application under 37 C.F.R. § 1.16 and 1.17 to Deposit Account No. 01.2000.

It is requested that these references be considered and be made of record in this application.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP


Daniel D. Fetterley
(Reg. No. 20,323)

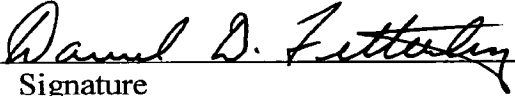
ADDRESS AND CERTIFICATE OF MAILING ATTACHED

Appln. No. 10/019,086
IDS dated February 23, 2006
Reply to Office Action of August 25, 2005

100 East Wisconsin Avenue, Suite 1100
Milwaukee, Wisconsin 53202
(414) 271-7590

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop - Amendment - Fee, P.O. Box 1450, Alexandria, VA 22313-1450 on the 23rd day of February, 2006.

Daniel D. Fetterley	20,323
Name	Reg. No.
	2/23/06
Signature	Date

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT
(use as many sheets as necessary)

Sheet	1	of	1
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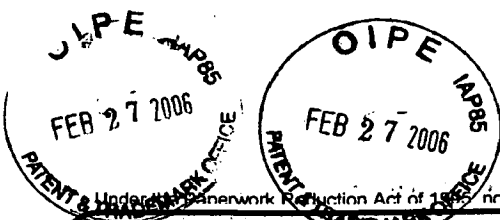
NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner Signature

Date Considered

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to client.



PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**\$180.00**

Complete if Known

Application Number	10/019,086
Filing Date	April 9, 2002
First Named Inventor	Paul Zientek et al.
Examiner Name	Martin J. Angebrannt
Art Unit	1756
Attorney Docket No.	322-00066

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Note ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: **01.2000** Deposit Account Name: **Andrus, Scéales, Starke & Sawall, LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 = **Extra Claims** x **Fee (\$)** = **Fee Paid (\$)** **Multiple Dependent Claims**
HP = highest number of total claims paid for, if greater than 20
Indep. Claims - 3 = **Extra Claims** x **Fee (\$)** = **Fee Paid (\$)**
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = **Extra Sheets** / 50 = **Number of each additional 50 or fraction thereof** x **Fee (\$)** = **Fee Paid (\$)**

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: **Submission of an Information Disclosure Statement**

\$180.00

SUBMITTED BY

Signature	<i>Daniel D. Fetterley</i>	Registration No. (Attorney/Agent)	20,323	Telephone	414-271-7590
Name (Print/Type)	Daniel D. Fetterley	Date	02/23/2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.